

## NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

---

THE CONQUEST OF THE VENEREAL DISEASES.—Dr. Havelock Ellis says in the *Medical Record* that there are four methods by which in the more enlightened countries venereal disease is now beginning to be combated: 1. By proclaiming openly that the venereal diseases are diseases like any other disease, although more subtle and terrible than most, which may attack any one, from the unborn baby to its grandmother, and that they are not more than other diseases, the shameful penalties of sin, from which relief is only to be sought, if at all, by stealth, but human calamities. 2. By adopting methods of securing official information concerning the extent, distribution, and variation of venereal disease, through the already recognized plan of notification and otherwise, and by providing facilities for treatment, especially for free treatment, as may be found necessary. 3. By training the individual sense of moral responsibility so that every member of the community may realize that to inflict a serious disease on another person, even only as a result of reckless negligence, is a more serious offense than if he or she had used the knife or the gun or poison as the method of attack, and that it is necessary to introduce special legal provision in every country to assist the recovery of damages for such injuries, and to inflict penalties by loss of liberty or otherwise. 4. By the spread of hygienic knowledge so that all adolescents, youths and girls alike, may be furnished at the outset of adult life with an equipment of information which will assist them to avoid the grosser risks of contamination, and enable them to recognize and avoid danger at the earliest stages.

---

THEORY OF OPSONINS.—The *New York Medical Journal* quotes the following from a German medical contemporary: Neufeld says that the appearance of opsonins in the specific treatment with tuberculin and dead staphylococci is to be considered at the present time only in the sense that we in like manner conclude from the appearance of agglutinins the presence of a specific process of reaction in the organism, without seeing in the opsonins with certainty the immune bodies which immediately call forth the process of healing, or to directly assume that the

quantity of the same is a direct indication of the degree of the immunity produced.

---

DIURESIS FOLLOWING ETHER ANÆSTHESIA.—The *Medical Record* says it is usually thought that ether anæsthesia leads to a more or less pronounced retention of urine. P. B. Hawk, *Journal of Medical Research*, has tested the correctness of this view by a series of careful experiments upon dogs, in all of which preliminary nitrogen equilibrium was secured. In every instance the ether narcosis was followed by an initial diuresis, which usually persisted for some time; the urine first voided after the anæsthesia possessed higher specific gravity than under normal conditions, and in seven out of nine cases was changed from the normal acid to amphoteric in reaction. Of further interest was the observation that the animals suffered an invariable loss of flesh.

---

SCOPOLAMINE - MORPHINE ANÆSTHESIA IN OBSTETRICS.—The *Medical Record* in a synopsis of an article in *Deutsche Medizinische Wochenschrift* has the following: Krönig says that anæsthesia is indicated in the delivery of many women who are either very much weakened by a hard struggle for existence or belong to a type of the highly nervous, sensitive women who are unable to bear the pains of labor without being profoundly and dangerously affected by the suffering. In the Freiburg clinic over 1500 women have been delivered with the use of scopolamine-morphine anæsthesia. The solutions used are a 0.03 per cent. watery solution of scopolaminum hydrobromicum as a 1 per cent. solution of morphine. The first injection is made when the pains recur every four or five minutes, 1.5 c.c. of the scopolamine solution and 1 c.c. of the morphine solution being used. One hour later scopolamine alone is injected in a somewhat smaller quantity. Half an hour later the woman is tested as far as her psychic reactions are concerned, various questions being addressed to her in reference to matters that happened just before labor, the number of injections she had received, etc. The injections are repeated if a subject is retained in the mind for over thirty minutes. No untoward action whatever has been observed in any of the 1500 cases; the single death that has occurred was due to a delivery in the presence of a deformed pelvis, Cæsarean section being refused by the patient's husband. The loss of blood did not exceed the usual amount; the duration of labor was not affected; the mortality of the infants intra-partum has been diminished by the anæsthesia. Krönig concludes that his method of administering scopolamine-morphine in cases of labor

fully attains the aim of the procedure, a painless delivery without any harmful effect upon the mother or the child.

---

**HINTS ON TREATMENT OF THE EAR.**—The *American Journal of Surgery* says: Don't pour hot oil into the ear to relieve pain. Heat can be applied much better in a hot mixture of glycerin, alcohol and water, which will not turn rancid or clog up the ear, and can be removed by syringing with water. A towel or large pad of gauze wrung out in boiling water and closely applied over the ear, covered with oil silk or "protective" rubber tissues, is better than a hot water bag.

Sudden one-sided diminution of hearing after bathing may indicate nothing more serious than water in the ear or a plug of wax which has swelled up and obstructed the canal. If no means of syringing is at hand, the instillation of ether and alcohol, equal parts, will dry up the plug and often cause it to disintegrate, with a corresponding improvement in hearing. Swollen seeds, peas or beans in the external canal, a frequent occurrence in children, can be treated similarly.

---

**TEST OF DEGREE OF ANÆSTHESIA.**—The same journal remarks: Avoid touching the cornea during the administration of an anæsthetic. The ocular reflex can be obtained just as well through the lids, and the pupils and motions of the globe offer the most definite indications of the degree of narcosis.

---

**TONSILS AND ADENOIDS.**—The *Journal of the American Medical Association*, quoting from the *Kentucky Medical Journal*, says: Hall arrives at conclusions which may be summarized as follows: while normal tonsils atrophy at adult life, diseased tonsils do not. Therefore early operation is indicated. The hyperplasia affects the entire gland, so complete removal is necessary. In very few cases is the tonsillotome of use. A child should never be operated on forcibly while struggling and screaming; it leads to bad work and has a serious effect on the child's nervous system. Local anæsthesia in older children, general anæsthesia in younger ones, is preferable. Both tonsils and adenoids should be removed at one sitting.

---

**A NEW THEORY OF SURGICAL SHOCK.**—The *New York Medical Journal* quoting from *La Presse Médicale* says: Langlois discusses the theory ascribed by him to Henderson, of the Yale Medical School, that surgical shock is provoked by a diminution in the proportion of carbonic acid in the blood, and that the prophylaxis of shock consists essentially of preventing an extensive loss of this gas from the blood.